

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/690197</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		X					52						
3		X					53						
4		X					54	1					
5		X					55		X				
6		X					56		X				
7		X					57		X				
8		X					58		X				
9		X					59		X				
10		X					60		X				
11		X					61		X				
12		X					62		X				
13		X					63		X				
14		X					64		X				
15		X					65	1					
16		X					66		2				
17		X					67		3				
18		X					68		1				
19		X					69		1				
20		X					70		1				
21		X					71		1				
22		X					72		1				
23		X					73		1				
24		X					74		1				
25	1						75						
26		X					76						
27		X					77						
28		X					78						
29		X					79						
30		X					80						
31	1						81						
32		X					82						
33		X					83						
34		X					84						
35		X					85						
36		X					86						
37		X					87						
38		X					88						
39		X					89						
40		X					90						
41		X					91						
42		X					92						
43		X					93						
44		X					94						
45		X					95						
46		X					96						
47		X					97						
48		X					98						
49	X	1					99						
50		X					100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		49					TOTAL DEP.		49				
TOTAL CLAIMS	1	49					TOTAL CLAIMS		49				

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